

# Healthcare Homes Group Limited

# Maynell House

## Inspection report

Maynell House Residential Home  
High Road East  
Felixstowe  
Suffolk  
IP11 9PU

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Tel: 01394272731

Website: [www.healthcarehomes.co.uk](http://www.healthcarehomes.co.uk)

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Maynell House is a residential care home providing accommodation and personal care to up to 25 people in an adapted building. The service provides support to older people. At the time of our inspection there were 21 people using the service, some were living with dementia.

### People's experience of using this service and what we found

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there was a person using the service who had a learning disability.

People were provided with a safe service and systems in place reduced the risks of abuse and avoidable harm. People received their medicines when they needed them.

Staff were available to provide support where required and staff were recruited safely. Staff were caring in their interactions with people. People's independence, privacy and dignity were promoted and respected.

The home was clean and hygienic. There was a programme of refurbishment being undertaken to ensure the service was well maintained throughout.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's views about the service were valued and used to drive improvement.

People had access to activities which reduced the risks of boredom and isolation. People were supported to maintain contact with their friends and family, including visits.

People's care needs and preferences were assessed prior to moving into the service and the assessments were used to inform their care plan, which were kept under review. Care plans identified the care and support people required and the choices they made in how they wished to live their lives, including end of life decisions and how they wished to receive care and support.

People received support with their dietary and hydration needs. Support to access health professionals was provided, where required. The service worked in partnership with other professionals involved in people's care to ensure they received consistent care and support.

The registered manager had an oversight of the service, and a programme of monitoring and audits

supported them to identify shortfalls and address them.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 23 September 2017).

#### Why we inspected

This comprehensive inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has remained good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Maynell House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Maynell House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was undertaken by 1 inspector.

#### Service and service type

Maynell House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Maynell House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 6 people who used the service and observed the interactions between staff and people. We spoke with 6 staff including the registered manager, regional area manager, team leader, care staff and activities and catering staff.

We reviewed the care plans and risk assessments of 3 people who used the service and multiple medicines records. We looked at 3 staff files including recruitment, training and supervision. We also reviewed a range of records relating to the governance of the service including audits, monitoring checks and minutes from meetings attended by staff and people using the service.

Following our inspection visit, we received electronic feedback from 5 relatives and 2 staff members. We also spoke with 2 relatives on the telephone.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to reduce the risks of abuse. This included policies and procedures and staff training. Staff confirmed they had been trained in how to recognise and report abuse.
- Notices were posted in the service to guide staff on how to report abuse to the local authority, where required.
- When concerns of abuse had been identified the service had reported these appropriately and provided relevant information to the local authority safeguarding team, where requested.

Assessing risk, safety monitoring and management

- People were protected from avoidable harm. Care records included risk assessments which guided staff on how risks were to be mitigated. These included risks associated with falls, pressure ulcers and mobility.
- Environmental risk assessments and checks on equipment, including mobility, fire safety and portable electrical equipment, reduced the risks to people using the service, staff and visitors.
- We received positive feedback from people using the service and relatives about the service being safe. A relative said, "They all love [family member] to pieces, it is a blessing of a place for me I can sleep at night knowing [family member] is safe and looked after." Another relative told us, "[Family member] is safe and looked after, I have confidence in that."
- During our visit we observed a meeting with heads of departments and the registered manager, which were held daily. Any emerging risks were discussed, which demonstrated there were systems in place to monitor safety and address any issues.

Staffing and recruitment

- There were enough staff to meet people's needs safely. During our inspection visit we saw staff were available when people needed assistance and any requests, including call bells, were responded to promptly.
- People told us staff were available when they needed support. A person said, "[Staff] get me what I need, if I use the bell, they come fast enough I do not have to wait, sometimes I do not even have to ask and they will get it for me, like my frame or pass me something, very good." Another person showed us their pendant alarm and said, "[Staff] always come, I do not press it often, they are always around when we need them."
- We received mixed feedback from relatives about staffing. A relative told us, "I have never felt that there aren't enough staff to keep my [family member] safe. However, I have noticed that sometimes, when I have been visiting, other residents can't go out for a walk as there isn't anyone that can go out with them."
- Staff told us they felt there were enough staff to meet people's needs. A staff member said, "There are occasionally staffing shortages, but they are always resolved, and the resident's needs are met."

- The registered manager told us a tool was used to assist the calculation of how many staff were required to meet people's needs. The service was fully staffed, and staffing was kept under review and amended, for example if people required additional support. Staff covered if there were instances of short notice of absence of staff and regular agency were used, which meant they knew the people who used the service.
- Records showed staff were recruited safely and the necessary checks undertaken. This included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People received their medicines as prescribed and there were systems in place for the safe administration, storage, ordering and returning of medicines.
- Staff who were responsible for administering medicines were trained to do so safely and their competency was checked.
- Regular auditing of medicines supported the management team to identify shortfalls and address them.
- Protocols were in place to guide staff when medicines prescribed to be given 'as required' (PRN). Records were maintained to show when these were given and why. A relative said, "Medicines very good... [staff] are good when [family member requires PRN medicines] and recognising when [family member] needs it but not all the time. They have a good balance, impressed with this."
- People told us they received their medicines when they needed them, which was confirmed by relatives. A relative said, "They go above and beyond to ensure [family member] has liquid instead of tablets and that [family member] takes them."

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- People told us they could have unrestricted visits from their family and friends, this was confirmed by relatives.

#### Learning lessons when things go wrong

- There were systems in place to learn lessons and these were shared with staff in how risks were being reduced.
- Incidents and accidents, including falls, were analysed to identify any trends and systems implemented to reduce future risks. Measures were put in place to reduce risks, such as referrals to the falls team.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to people moving into the service, their needs and preferences were assessed by a member of the management team, with the input of the person and their representatives, where appropriate, such as relatives and other professionals.
- The needs assessments were used to inform people's care plans and risk assessments, which were kept under review.
- Documents referred to good practice guidelines and legislation.

Staff support: induction, training, skills and experience

- Staff received the training they needed to meet people's needs effectively.
- Training was kept under review and refresher training was provided to ensure staff were kept up to date with requirements of their role.
- Staff received 1 to 1 supervision meetings, which provided them with the opportunity to discuss their role, receive feedback and identify any training needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People received support to maintain a healthy diet. Records demonstrated risks were identified and mitigated in relation to malnutrition and dehydration.
- Staff understood people's specific dietary needs and preferences. People were asked for their views about the choices of food provided and their views were listened to and addressed.
- During our visit we saw people had access to drinks and choices of meals, which looked and smelled appetising, and snacks, such as fresh fruit.
- People told us they got enough to eat and drink, and the quality of food was good. A person said, "[Staff] bring me one drink I have that, and then they bring me another. I am going down to get a cup of tea shortly." The person had their cup of tea when we saw them downstairs. Another person said, "We get more than enough good food, 3 choices can't say better than that, there is always ice cream which I like."
- Relatives also commented on the food in the service. A relative said, "My [family member] is very happy/impressed with the meals and snacks." Another relative told us the food was, "Good quality and variety, option of plentiful drink available also." Another relative commented, "Food is good, [family member] was not eating at home, [they] enjoy the food there, has a good diet."
- A staff member said, "The chefs are extremely good at what they do, the food is both nutritious and appetising and the staff always make sure the residents have enough to both eat and drink."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to health professionals and guidance was incorporated into people's care plan to ensure they received a consistent service which met their health needs.
- Where there were concerns about people's wellbeing identified by staff, referrals were made to health care professionals. This included dieticians, GP, nurses and the speech and language therapy team (SALT).

Adapting service, design, decoration to meet people's needs

- The service was suitable for people using the service. This included access for people who used mobility aids.
- There was a programme of redecoration underway to ensure the service was well-maintained.
- There were large attractive gardens which people could enjoy. We saw people moving around the service and choosing where they wanted to be in the several shared areas and their personal bedrooms.
- A relative told us, "[Staff] were very good, noted [family member] was isolated upstairs, worked hard and got [them] a room on the ground floor, all redecorated, recarpeted and curtained before [family member] moved in, [they are] happier there."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty.

- The service was working to the principles of the MCA. Staff had been trained in MCA and DoLS.
- People's capacity was assessed and where required, DoLS referrals were raised.
- During our visit, we saw staff asked for people's consent before providing any support. People told us they chose what they wanted to do, and this was respected by the staff.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who were caring and compassionate.
- We observed caring interactions by staff and people were clearly comfortable with the staff who supported them.
- People told us they felt the staff were caring and kind. A person said, "They go over and above." Another person commented, "Everybody is nice and bright." A relative said, "I appreciate the care my family member receives. [Family member] is always complimentary about the staff. The majority seem to genuinely care about [family member]."

Supporting people to express their views and be involved in making decisions about their care

- People's records demonstrated their views had been sought, care plans identified their likes, dislikes and preferences relating to how they wished to be cared for.
- People told us their choices were listened to and respected, such as when they chose to get up in the morning and go to bed. A person said, "All the staff are very good, no complaints at all, they get me up when I want them to, I like to be down 8:45am, all falls into to place, they get my breakfast and medication ready."
- Relatives told us they were usually kept updated about their family member's wellbeing. A relative said they were, "Contacted after an accident in the week. But not after second accident the same weekend." Another relative said, "I quite often have conversations with the carers about [family member] so I know how [they are] and what problems [they have]."

Respecting and promoting people's privacy, dignity and independence

- People's rights to privacy, dignity and independence were promoted and respected.
- Staff knocked on people's bedroom doors before entering and we saw staff speaking with people discreetly about if they required support with their personal care needs.
- Staff did not take over tasks people could do independently and offered support when needed, such as with mobility and when eating their meals, which demonstrated their dignity was also respected. A person said, "[Staff] respect my independence."
- Records showed people were supported when they chose to take their medicines independently. A person said, "I signed a sheet to say I could take them myself."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Person centred care records detailed the care and support people requires to meet their individual needs and preferences. Daily notes identified the care and support provided each day. The registered manager immediately addressed discrepancies identified in the electronic system.
- The registered manager told us how prompts on the electronic system alerted staff when people required support in response to their needs, such as time specific care required. This was confirmed in records, which demonstrated people received care and support when needed.
- The registered manager shared examples of how they responded to people's individual needs and choices to achieve good outcomes. This included a person who was reluctant in receiving any support, and through the work undertaken by staff was now accepting.
- People told us they felt their needs were being met by a responsive staff team. A relative said, "On the whole I think the home is very good. The carers provide a kind and patient service and there are always lots of activities for the residents. My [family member] loves it." Another relative told us, "[Staff] have worked hard to find out [about family member] ... and how to work with [them]. [Family member] finds it hard to be alone but also does not want to engage with the other people, [staff] have got a good balance to encourage [family member] to take the lead."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Documents were available in accessible formats where required.
- People's care records identified how they communicated and guided staff in how to communicate effectively with them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had access to group activities 7 days a week, and 1 to 1 activities which reduced the risks of isolation and boredom. A person said, "[Staff] come up for a chat, never get lonely, I go down join in the fun."
- During our visit we observed a range of group activities, including people playing scrabble, a visiting entertainer in the afternoon, with singing and dancing. A staff member read poetry to people.
- Where they chose to, people also entertained themselves including watching television, reading the

newspaper or magazines, and chatting with each other. We saw a member of the activities staff visiting people in their bedrooms, for those who did not wish to participate in the group activities.

- We saw photographs of activities, such as outings on a rickshaw and the minibus and various celebrations such as the coronation. A person told us, "We love the minibus outings."
- The registered manager told us the service had inherited 2 cats. A person's relative told us their family member was, "Over the moon when the cats moved in," and also enjoyed it when the staff bought their dogs in for visits.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. Details of how to complain and what people could expect when a complaint was raised was posted in the service.
- None of the people we spoke with said they had raised a complaint but would if they needed to. A relative told us, "I have communicated concerns or wishes several times. Not ever a formal complaint. Response was usually swift and efficient." Another relative said, "Action was taken by the leadership team." A third relative commented that it had taken time to receive a response when they raised a concern.

End of life care and support

- Where people had chosen to discuss their choices about the end-of-life care they wished to receive, this was documented in their care records.
- The registered manager told us how 1 of the resident cats had provided comfort to a person who was at the end of their life.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives were positive about the service provided which achieved good outcomes. People told us they were happy living in the service. A relative said, "On the whole I have nothing but admiration for the staff and management of Maynell House. [Family member] has settled in well." Another relative told us, "I would recommend the place to anyone, [family member] is in a good place, I recommend it highly."
- Staff told us they felt the service was well led and there was a positive culture in the service. A staff member said, "Both manager and deputy are not above any job and will act when required as they genuinely put the residents first and foremost... Honestly a caring home, run well with a good close team any issues are resolved quickly and professionally enabling us all to provide quality care with a positive work environment." Another staff member said, "The manager is unique, is totally professional and cares deeply for both residents and staff... I feel comfortable talking to the manager about anything, and [registered manager] definitely hears what I say."
- We saw the registered manager was a visible presence in the service and people and relatives knew who they were. A person using the service told us, "The manager is nice, very nice." A relative said, "[Registered manager] is friendly, knowledgeable and helpful. [Registered manager] leads the service well. I trust [registered manager]." Another relative commented, "[Registered manager] is spot on, very open and clear straight about things... very open in their communication. Very impressed."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a duty of candour procedure in place which was understood by the registered manager.
- The registered manager explained the duty of candour and how this was followed, including providing an apology and explanation when went wrong. A relative said, "There have been a couple of incidents and I was kept well informed about how [family member] was and what happened."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was knowledgeable about their role and responsibilities and the people who used the service. They had a good oversight of what was happening in the service and monitored the quality of care provided.
- The registered manager sent information to CQC relating to notifiable incidents, as required.
- Staff told us they understood their roles and responsibilities in reporting bad practice, known as

whistleblowing.

- A range of audits and monitoring were undertaken by the management team and provider. This assisted in identifying any shortfalls and addressing them to improve the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were supported to express their views about the service, in surveys and meetings and they were listened to. A notice was posted in the service which showed the actions taken as a result of surveys and minutes of monthly 'resident meetings' demonstrated how they were consulted about, for example, the menu and activities provided.
- We received mixed feedback about if relatives were asked for their views about the service. A relative told us, "Yes regular surveys. Usually acted on." The registered manager told us they held relative meetings but the turnout after the pandemic was low, but they did send out updates via email. The registered manager was planning to use an opportunity to have a wine and nibbles evening to encourage relatives to attend meetings. We saw the responses from a relative survey from September 2022, which had high satisfaction with the service.
- Staff surveys were undertaken, and actions taken as a result of their comments, including senior management being more visible in the service.
- We saw minutes from staff meetings which demonstrated they were kept up to date with any changes in the service and had the opportunity to share suggestions to improve.

Continuous learning and improving care

- Staff were provided with training which was updated as required. The provider had taken action to ensure training was provided around people with a learning disability and autistic people following recent guidelines.
- The registered manager told us how they kept up to date with changes in the care industry, including signing up for electronic alerts and attending webinars.

Working in partnership with others

- The registered manager told us they had good relationships with other professionals involved in people's care.
- People using the service were supported to be a part of the community where they lived, this included local outings and the recent 'open gardens' supporting a cancer charity. A relative said, "Lots of people from the community came to support."
- The service participated in the local carnival, people did some painting and preparation for the float and cheered the staff on. A barbecue was held following this.